550 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00540

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick
LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 807 Highland Avenue

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) AMELIA (Last) ABRECHT

4. DATE OF DEATH: (Month) January (Day) 22, (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: November 20, 1890
9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Early
14. MOTHER'S MAIDEN NAME: Rosa Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 807 Highland Avenue, Mrs. Edward L. Bell, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 IMMEDIATE CAUSE (A) Pulmonary Edema — 1 hr.

ANTECEDENT CAUSE (S) DUE TO (B) Chronic myocarditis — 20 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1955, to June, 1956, that I last saw the deceased alive on Jan 22, 1956, and that death occurred at 7:05A M, from the causes and on the date stated above.

SIGNATURE H H Klein M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/24/1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan. 24, 1956
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 24 Jan. 1956
REGISTRAR'S SIGNATURE: Elizabeth B. Hack
24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

00541

551

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 8, Film C192 2-1-56 et

1. PLACE OF DEATH: COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) M (Last) Arnold
4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1956

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5-25-1886
9. AGE last birthday 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Millard Arnold
14. MOTHER'S MAIDEN NAME Hattie Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Edith Arnold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage — 3 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound penetrating

(c) Left Kidney, Spleen & diaphragm — 3 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Self inflicted

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Burkittsville (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) Jan (Day) 26 (Year) 1956 (Hour) 3:30 a. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted gun shot wound

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE B. Thomas M.D. (Degree or title) Deputy Medical Examiner ADDRESS Frederick Md DATE SIGNED Jan. 26, 1956

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF I-28-56 | NAME OF CEMETERY OR CREMATORY Union | LOCATION (City, town, or county) (State) Burkittsville, Maryland

DATE REC'D BY LOCAL REG. 27 Jan. 1956 | REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C.H. Feete and Bro. ADDRESS Brunswick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00542

585

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural-R.D.#4

LENGTH OF STAY (in this place): Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cap Stine Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural-R.D.#4

STREET ADDRESS (If rural give location): Cap Stine Road

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) ELIZABETH (Last) AUSHERMAN ~~AUSHERMAN~~

4. DATE OF DEATH (Month) January (Day) 1 (Year) 19 56

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: August 3, 1872

9. AGE last birthday: 83 yrs.

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sniveley Flook

14. MOTHER'S MAIDEN NAME: Mary Shafer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: R. F. D. #4, Mrs. Tobias E. Zimmerman, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794X IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Jan. 1, 1956, that I last saw the deceased alive on Dec. 15, 1955, and that death occurred at 5:00A M, from the causes and on the date stated above.

SIGNATURE: Ray A Martin M.D. — ADDRESS (Street, city, town, state): Frederick, Maryland — DATE SIGNED: 1/3/1956

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (SPECIFY): Burial — DATE THEREOF: Jan. 5, 1956 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

24. REC'D BY REGISTRAR — DATE 3 Jan. 1956 — REGISTRAR'S SIGNATURE: Elizabeth B. Hack

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

586

00543

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sabillasville

LENGTH OF STAY (In this place) 1 yr

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY ~~Frederick~~ Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) M. (Last) Bartlett

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 19 56

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mar. 28. 1881

9. AGE last birthday 74 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Fisher

14. MOTHER'S MAIDEN NAME Lena ---------- ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS Mrs Thomas Wagaman Sabillasville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.1 IMMEDIATE CAUSE (A) Lympho Sarcoma of tonsil. — INTERVAL BETWEEN ONSET AND DEATH: 4-6 Mos.

ANTECEDENT CAUSE(S) DUE TO (B) & Generalized Metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Myocarditis 6 yr & Hypertension — 5-7 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 May, 1955, to 26 Jan, 1956, that I last saw the deceased alive on 22 Jan, 1956, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

SIGNATURE Harry Young Jr. M.D. ADDRESS (Street, city, town, state) Blue Ridge Summit Pa DATE SIGNED 27 Jan 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/28/56

NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery

LOCATION (City, town, or county) (State) Thurmont, Md.

24. REC'D BY REGISTRAR DATE JAN 30 1956

REGISTRAR'S SIGNATURE Dr. J. B. Lyon

25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager

ADDRESS Thurmont, Md.

552 Item 8, Film G181 1-19-56 et

00544

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Dakota COUNTY Mc Henry
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural – Upham 71X-3
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) (Last) BEARD

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1956

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 13, 1877 1876
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Beard
14. MOTHER'S MAIDEN NAME: Barbara Ellen Burrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs. Ernest Garber, Fred., R1, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S) DUE TO (B) Diabetes,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1955, to Jan 6, 1956 that I last saw the deceased alive on Jan 6, 1956, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE G. A. Moser M. D. ADDRESS Mrs Smith DATE SIGNED Jan 7 56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 9, 1956
NAME OF CEMETERY OR ~~CREMATORY~~ Chapel
LOCATION (City, town, or county) (State) M. Libertytown, Md

DATE REC'D BY LOCAL REGISTRAR Jan 7, 1956
REGISTRAR'S SIGNATURE L. C. Powell
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, Md. ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

553

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00545

CERTIFICATE OF DEATH

Item 9, Film 192 1-31-56 et

Reg. Dist. No. 121

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick

LENGTH OF STAY (In this place) 1 hour

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewistown, Md. Rural

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Frederick (Last) Biehl

4. DATE OF DEATH (Month) Jan. (Day) 22, (Year) 19 56

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April 8, 1881

9. AGE last birthday 74 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own farm

11. BIRTHPLACE (State or foreign country) Lewistown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Biehl

14. MOTHER'S MAIDEN NAME Sarah C. Mort

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-28-5698

17. INFORMANT & ADDRESS Mrs. Helen Springer-Thurmont, Md. Rt.#1 RFD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — Interval between onset and death: 1 day

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Heart Disease — ? yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1956, to 1/22, 1956, that I last saw the deceased alive on 1/22, 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Henry V. Chase M.D. ADDRESS (Street, city, town, state) 4 E Church St. Frederick Md DATE SIGNED 1/22/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/25/56

NAME OF CEMETERY OR CREMATORY Utica Cemetery

LOCATION (City, town, or county) (State) Utica, Md.

24. REC'D BY REGISTRAR DATE Jan. 26, 1956

REGISTRAR'S SIGNATURE Eliz. Heck

25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Clevenger ADDRESS Thurmont, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

00546

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

554

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 7 West Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) D. (Last) BOWERS
4. DATE OF DEATH: (Month) January (Day) 23, (Year) 19 56
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: September 16,1895
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry W. Bowers
14. MOTHER'S MAIDEN NAME: Anna I. Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Norma A. Bowers, 7 West Patrick Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592x IMMEDIATE CAUSE (A) Uremia — 9 months

DUE TO

ANTECEDENT CAUSE (B) Chronic glomerulo nefhritis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov....., 1955, to 1/23, 1956, that I last saw the deceased alive on 1/23, 1956, and that death occurred at 7:30PM, from the causes and on the date stated above.

SIGNATURE James B. Thomas M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/24/1956

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Jan.26,1956 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth L. Hack

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1

555

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00547

CERTIFICATE OF DEATH

Reg. Dist. No. 131

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Frederick — MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick

LENGTH OF STAY (in this place): 6 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Lemorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Laryland — COUNTY: Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick

STREET ADDRESS (If rural give location): 1005 Motter Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Virginia Mae Bowersox

4. DATE OF DEATH (Month) (Day) (Year): Jan 18 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 18 Jan 1956

9. AGE last birthday: yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours: 6 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Orville Clifford Bowersox

14. MOTHER'S MAIDEN NAME: Eleanor Jane Wettleship

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.0 IMMEDIATE CAUSE (A) Cerebral hypoxia

DUE TO (B) Premature separation of Placenta

DUE TO (C)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jan., 1956, to ....., 19....., that I last saw the deceased alive on 18 Jan., 1956, and that death occurred at 11:02 A.M., from the causes and on the date stated above.

SIGNATURE: R L Guest M.D. — ADDRESS (Street, city, town, state): 7 E Church St. Frederick — DATE SIGNED: 18 Jan56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Jan. 20, 56 — NAME OF CEMETERY OR CREMATORY: Stone Chapel Cemetery — LOCATION (City, town, or county) (State): Rural, Westminster, Md.

24. REC'D BY REGISTRAR — DATE: 20 Jan. 1956 — REGISTRAR'S SIGNATURE: Elizabeth S Heck

25. FUNERAL DIRECTOR'S SIGNATURE: J. E. Myers, Jr. — ADDRESS: Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

587

CERTIFICATE OF DEATH

00548

Reg. Dist. No. 139

1. PLACE OF DEATH.
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cullen
LENGTH OF STAY (in this place) 33 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6707 O'Donnell Street

3Vol-4

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Luke (Last) Brady

4. DATE OF DEATH: (Month) January (Day) 16, (Year) 19 56

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 12, 1888
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Patrick Brady
14. MOTHER'S MAIDEN NAME: Ellen Brannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-3184
17. INFORMANT & ADDRESS: Deceased.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypertensive cardio-vascular disease. — Unknown.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis — 1 year.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory street, office bldg., etc OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 19 55 to Jan. 16, 19 56 that I last saw the deceased alive on Jan. 16, 19 56, and that death occurred at 6:55 a.m. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cullen, Maryland DATE SIGNED January 16, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-19-56 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1/16/56 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John A. Moran, ADDRESS 3000 E. Balto. St. Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

00549

588

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Nr. Buckeystown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Nr. Buckeystown
STREET ADDRESS (If rural, give location) Nr. Buckeystown

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Roscoe (Last) Brightwell
4. DATE OF DEATH (Month) January (Day) 11 (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Oct 1-1893
9. AGE last birthday 62 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Brightwell
14. MOTHER'S MAIDEN NAME Emma Stultz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-05-6903
17. INFORMANT AND ADDRESS (Nephew) Frederick, Md.
Mr. Russell Brightwell - B & O Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1/2 hr.?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure — 10 hrs.-?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B. D. Thomas M.D. (Degree or title) Deputy Medical Examiner
ADDRESS Frederick, Md
DATE SIGNED Jan. 12-56

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 14, 1956
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REG. 14 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR C. E. CLINE & SON - FREDERICK, MARYLAND
ADDRESS

E. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

556

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131 00550

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 812 North Market Street

3. NAME OF DECEASED: (Type or Print) (First) MAURICE (Middle) ANDREW (Last) BUCKINGHAM
4. DATE OF DEATH: (Month) January (Day) 2 (Year) 19 56
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: January 9, 1877
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Nehemiah Buckingham
14. MOTHER'S MAIDEN NAME: Margaret Kane Buckingham
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-12-2215
17. INFORMANT & ADDRESS: (Daughter) Mrs. William W. Noel - 101 W. Irvin Avenue Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) 331X Cerebral Haemorrhage — 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1955, to Jan 2, 1956, that I last saw the deceased alive on Jan 2, 1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE G. A. Pearre (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED 1/4/56

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF Jan. 5, 1956
NAME OF CEMETERY OR ~~CREMATORY~~ Pipe Creek Cemetery
LOCATION (City, town, or county) (State) Carroll County, Maryland
DATE REC'D BY LOCAL REGISTRAR 5 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth B. Heck
24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

589

01746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH — COUNTY: FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW MARKET — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW MARKET
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) E. (Last) BURALL

4. DATE OF DEATH: (Month) JAN (Day) 30 (Year) 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: April 20-1881

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JESSE M BURALL SR.

14. MOTHER'S MAIDEN NAME: DELILAH SHEETENHELM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS MARY McGOLERICK NEWMARKET

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic carcinoma of the colon — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1954, to 1/30, 1956, that I last saw the deceased alive on 1/15, 1956, and that death occurred at 7:35 P m., from the causes and on the date stated above.

SIGNATURE: Xavier B. Thomas, M.D. — (Degree or title) — ADDRESS: FREDERICK MD — DATE SIGNED: 2/1/56

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: FEB 2-1956 — NAME OF CEMETERY OR CREMATORY: PLEASENT HILL CEMETERY — LOCATION (City, town, or county): MONROVIA — (State): MD

DATE REC'D BY LOCAL REG.: FEB 1-1956 — REGISTRAR'S SIGNATURE: Lucian K. Falconer

24. FUNERAL DIRECTOR: W. E. Falconer — ADDRESS: New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

590

00551

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural R.D.#6 LENGTH OF STAY (In this place) Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS On Route # 40, North East Bank of Jug Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Warren
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Front Royal
STREET ADDRESS (If rural, give location) 104 West 18th. Street

3. NAME OF DECEASED (Type or Print): (First) MANLEY (Middle) CLETUS (Last) CAMPBELL
4. DATE OF DEATH (Month) January (Day) 19, (Year) 1956
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unk
8. DATE OF BIRTH: 12 July 1904
9. AGE last birthday: 51 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocery
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Campbell
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 227-22-0229
17. INFORMANT AND ADDRESS: Maddox Funeral Home, Front Royal, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture base of Skull — Indefinitely

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & Crushed Chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) Near Frederick (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Caught under Cab

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B O Thomas (Degree or title) M.D. Deputy Medical Examiner ADDRESS Frederick, Md DATE SIGNED Jan 9-1956

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 10 Jan 1956
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Front Royal, Virginia

DATE REC'D BY LOCAL REG. 1-10-56
REGISTRAR'S SIGNATURE Lucian K. Tolson
24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

557

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00552

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 10 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1709 Rosemont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 1709 Rosemont Avenue

3. NAME OF DECEASED (Type or Print) (First) Denver (Middle) Bowers (Last) Carter
4. DATE OF DEATH (Month) Jan. (Day) 18 (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 11 March 1899
9. AGE last birthday 56 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Charles L. Carter
14. MOTHER'S MAIDEN NAME Nettie Tipton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 577-09-7183
17. INFORMANT AND ADDRESS Mrs. Mirian E. Carter, Braddock Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide poisoning — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Garage (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS Frederick, Md. DATE SIGNED 1/20/56

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 23 Jan 1956
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REG. 20 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death, certificate be filed with the registrar within **72 hours** after death. After this executed within **24 hours** after death. The bottom copy may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed in by the funeral director, the third copy of this certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

553

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00553

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

LENGTH OF STAY (In this place) 1 month

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY FREDERICK

~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEW LONDON

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) H. (Last) Cashour

4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1956

5. SEX F

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH FEB 4 - 1882

9. AGE last birthday 73 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) MICHIGAN

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Martin

14. MOTHER'S MAIDEN NAME Alice Merry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS E.G. CASHOUR MTAIRY MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage with left hemiplegia — 1 mo.

ANTECEDENT CAUSE(S) DUE TO (B) arteriosclerosis, generalized — 5 yrs +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — 8 yrs

2601

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9, 1955, to 1/6, 1956, that I last saw the deceased alive on 1/6, 1956, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE Henry V. Chase M.D. — ADDRESS (Street, city, town, state) 4 E. Church St. Frederick Md — DATE SIGNED 1/6/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 1-9-1956 — NAME OF CEMETERY OR CREMATORY CENTRAL CEMETERY — LOCATION (City, town, or county) (State) NEW LONDON MD

24. REC'D BY REGISTRAR DATE 1-8-1956 — REGISTRAR'S SIGNATURE Elizabeth B. Heck

25. FUNERAL DIRECTOR'S SIGNATURE W. E. Falconer — ADDRESS New Market Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

559

00554

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick

LENGTH OF STAY (in this place): Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick

STREET ADDRESS (If rural give location): 527 Klineharts Alley

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) M. (Last) DAVIS

4. DATE OF DEATH (Month) January (Day) 3, (Year) 19 56

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 26 June 1889

9. AGE last birthday: 66 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen Helper

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Annie (Maiden Name Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 214-10-3533

17. INFORMANT & ADDRESS: R. F. D. #1, Mrs. Frances H. Addison, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSE(S) DUE TO (B) Hypertensive Cardiovascular Disease — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1955, to 1/3, 1956, that I last saw the deceased alive on 1/3, 1956, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

SIGNATURE: James B. Thomas, M.D. — ADDRESS (Street, city, town, state): Frederick, Maryland — DATE SIGNED: 1/4/1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY): Burial — DATE THEREOF: 7 Jan 1956 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

24. REC'D BY REGISTRAR — DATE 7 Jan. 1956 — REGISTRAR'S SIGNATURE: Elizabeth G. Herb

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be released by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

560

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00555

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

LENGTH OF STAY (in this place) Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 243 East Sixth Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

STREET ADDRESS (If rural give location) 417 South Market Street

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) CATHERINE (Last) DeGRANGE

4. DATE OF DEATH (Month) January (Day) 14, (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: 15 March 1886

9. AGE (at last birthday): 69 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip H. Cline

14. MOTHER'S MAIDEN NAME: Sarah Jane Hooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: ~~243 E. 6th St.,~~ Richard W. DeGrange, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 422.1 Hetero-sclerotic Cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1956, to Jan 14, 1956, that I last saw the deceased alive on Jan 12, 1956, and that death occurred at 3 A M, from the causes and on the date stated above.

SIGNATURE Samuel C. Yutzy M.D. ADDRESS (Street, city, town, state) Frederick, Maryland DATE SIGNED 16 Jan 1956

23. BURIAL, CREMATION, ~~REMOVAL~~ (SPECIFY): Burial

DATE THEREOF: 17 Jan 1956

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Middletown, Maryland

24. REC'D BY REGISTRAR DATE 16 Jan. 1956

REGISTRAR'S SIGNATURE Elizabeth G. Hoch

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: M. R. Etchison & Son, Frederick, Md.

1

580

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01752

Item 9, Film 192 2-21-56 et

Reg. Dist. No. 141

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

LENGTH OF STAY (In this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 East "D"

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

STREET ADDRESS (If rural give location) 37 East "D"

3. NAME OF DECEASED (Type or Print) (First) William (Middle) B urns (Last) Donovan

4. DATE OF DEATH (Month) I (Day) 26 (Year) 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married

8. DATE OF BIRTH: II-3-1871

9. AGE last birthday: ~~85~~ 84 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roundhouse Machinest Helper

10b. KIND OF BUSINESS OR INDUSTRY: B,O,R.R.Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James William Donovan

14. MOTHER'S MAIDEN NAME: Catherine Jeannette Steele

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Emma Donovan, Brunswick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE(S) DUE TO (B) Malnutrition, Senile Psychosis — 6 mo

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Advanced Arteriosclerosis — 2-4 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Urinary Infection — 2-4 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/56, 19..., to 1/4/56, 19..., that I last saw the deceased alive on 1/4/56, 19..., and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE C. N. Bruce M.D. ADDRESS (Street, city, town, state) Jefferson Md DATE SIGNED 1/7/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1-30-56

NAME OF CEMETERY OR CREMATORY: St. Marys

LOCATION (City, town, or county) (State): Petersville, Maryland

24. REC'D BY REGISTRAR DATE 2-8-56

REGISTRAR'S SIGNATURE Eugenia H. Burks

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Feete and Bro. Brunswick, Md

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

561

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00556

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 234½ East Church Street

3. NAME OF DECEASED: (Type or Print) (First) PARTHENIA (Middle) ELIZABETH (Last) DUTROW

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: June 2, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: R. Claude Dutrow

14. MOTHER'S MAIDEN NAME: Ida E. Beck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: (Nephew) Mr. Ormond Dutrow - 620 Fairview Ave., Frederic

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

162X Immediate cause (a) Bronchogenic carcinoma — 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1955, to 1-10, 1956, that I last saw the deceased alive on 1-9, 1956, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Karl Martin M.D. ADDRESS 35E Church Frederick Md DATE SIGNED 1-10-56

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial — DATE THEREOF Jan. 12, 1956 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

591 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00557

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEGORE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS LEGORE (NEAR NEW MIDWAY)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEGORE
STREET ADDRESS (If rural give location) LEGORE (NEAR NEW MIDWAY)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WILBUR (Last) FARLEY
4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1956
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 3/26/1876
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER, RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: RICHARD FARLEY
14. MOTHER'S MAIDEN NAME: MARY J. MARTIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: WILHELMINA FARLEY; LEGORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral hemorrhage — 4 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24-1955, to Jan. 16, 1956, that I last saw the deceased alive on Jan. 15, 1956, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Legg (Degree or title) MD ADDRESS Union Bridge Md DATE SIGNED 1-17-56

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THereof 1-18-56 — NAME OF CEMETERY OR CREMATORY OAKLAWN CEMT. — LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REGISTRAR 1-18-56 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR C.F. Hoffmann — ADDRESS 3218 Hudson St. (24)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00558

592

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Albert (Last) Farsht

4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1956

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH 9-14-1875

9. AGE last birthday 81 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David Farsht

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT John P. Farsht, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B. Thomas M.D. (Degree or title) Deputy Medical Examiner ADDRESS Frederick, Md DATE SIGNED Jan. 19-56

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1-22-1956 | NAME OF CEMETERY OR CREMATORY U. B. Cemetery | LOCATION (City, town, or county) Myersville (State) Md.

DATE REC'D BY LOCAL REG. Jan 21, 1956 | REGISTRAR'S SIGNATURE Floy M. Bittle

24. FUNERAL DIRECTOR Gladhill & Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

562

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00559

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, Md.

LENGTH OF STAY (in this place) 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) Virginia (Last) Fogle

4. DATE OF DEATH (Month) Jan. (Day) 5 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1891

9. AGE last birthday: 65 yrs.

IF UNDER 1 YEAR: Months 0 Days 4

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Stouffer

14. MOTHER'S MAIDEN NAME: ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-03-4641

17. INFORMANT & ADDRESS: Oscar R. Fogle--Thurmont, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO (B) Phlebothrombosis left leg

DUE TO (C) — 1 mo

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Thrombosis — 3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1955, to 1/5, 1956, that I last saw the deceased alive on 1/5, 1956, and that death occurred at 10 A M, from the causes and on the date stated above.

SIGNATURE Henry L. Clause M.D. **ADDRESS** (Street, city, town, state) Middletown, Frederick, Md. **DATE SIGNED** 1/5/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

DATE THEREOF: 1/8/56

NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery

LOCATION (City, town, or county) (State): Thurmont, Md.

24. REC'D BY REGISTRAR DATE JAN 9 1956

REGISTRAR'S SIGNATURE Elizabeth G. Heck

25. FUNERAL DIRECTOR'S SIGNATURE M. L. Creager and Son — ADDRESS Thurmont, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00560

593

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural

LENGTH OF STAY (In this place) 5 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gene Hemp Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural

STREET ADDRESS (If rural give location) Gene Hemp Road

3. NAME OF DECEASED (Type or Print) (First) MABEL (Middle) LIZZIE (Last) FOX

4. DATE OF DEATH (Month) (Day) (Year) January 15, 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: 11 March 1878

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob P. Hesson

14. MOTHER'S MAIDEN NAME: Mary E. Mercer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Garl A. Tressler, Jefferson, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4428 IMMEDIATE CAUSE (A) Cardio-Renal-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1954, to Jan. 15, 1956, that I last saw the deceased alive on Jan. 11, 1956, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE E. Hemp M.D. ADDRESS (Street, city, town, state) Middletown, Maryland DATE SIGNED 1-15-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 18 Jan 1956 — NAME OF CEMETERY OR CREMATORY Fairmount Cemetery — LOCATION (City, town, or county) (State) Libertytown, Maryland

24. REC'D BY REGISTRAR DATE 16 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth B. Hecht

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00561

594

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Frederick
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fred. Co. Chronic Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Mt. Westminster
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) COTA (Middle) MAY (Last) GREEN

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: Feb. 1, 1893
9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Aaron Green
14. MOTHER'S MAIDEN NAME: Anna Virginia Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mr. Roland Smith, 797 E. Patrick St. Fred

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Chronic myocarditis	5 yrs.
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Arthritis deformans	40 yrs
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . , 1951, to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1956 and that death occurred at 7 0 M, from the causes and on the date stated above.
SIGNATURE H H Reuie M. D. ADDRESS Frederick DATE SIGNED Feb 3 1956

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb. 1, 1956
NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery
LOCATION (City, town, or county) (State): Lamber, Carroll Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 31 Jan. 1956
REGISTRAR'S SIGNATURE: Elizabeth S. Heck
24. FUNERAL DIRECTOR: J. C. Baxter, Walkersville
ADDRESS: Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS ASC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00562

581

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick — LENGTH OF STAY (In this place) 15 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 East Potomac

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

STREET ADDRESS (If rural give location) 125 East Potomac

3. NAME OF DECEASED (Type or Print) (First) Georgianna (Middle) Rebecca (Last) Hamilton

4. DATE OF DEATH (Month) I- (Day) 4- (Year) 19 56

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-2-1910

9. AGE (Last birthday): 45 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John William Hamilton

14. MOTHER'S MAIDEN NAME: Katie Viola Biser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Jane Hamilton, Brunswick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

176X IMMEDIATE CAUSE (A) Metastatic Carcinoma Generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSE(S) DUE TO (B) Squamous Cell Carcinoma Vagina — 1 yr 2 mo

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 54, to Jan 4 19 56, that I last saw the deceased alive on Jan 2 19 56, and that death occurred at 3 P M, from the causes and on the date stated above.

SIGNATURE: C. L. Brice M.D. — ADDRESS (Street, city, town, state): Jefferson Md — DATE SIGNED: 1/5/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: I-7-1956

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Frederick, Maryland

24. REC'D BY REGISTRAR — DATE: 1-10-56

REGISTRAR'S SIGNATURE: Eugenia W. Buckner

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. H. Feete and Bro. Brunswick, Md.

563

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00564

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town)
OR ~~TOWN~~ Frederick-Rural RD#6
STREET ADDRESS (If rural give location) Bartonsville

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) SYLVESTER (Last) HARGETT

4. DATE OF DEATH: (Month) (Day) (Year) January 19, 1956

5. SEX Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 10 March 1892
9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Day Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon W. Hargett
14. MOTHER'S MAIDEN NAME: Mahala Catherine Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT & ADDRESS: Mrs. Nellie B. Hargett, RD#6, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Coronary Occlusion	8 hours
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Myocardial Decompensation	8 years
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. articular Rheumatism — 8 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1948, to Jan 19, 1956, that I last saw the deceased alive on Jan 19, 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE H. Lawrence Zahney M. D. ADDRESS Frederick, Maryland DATE SIGNED 20 Jan 1956

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) Burial
DATE THEREOF 23 Jan 1956
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son
ADDRESS Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

595 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00563

CERTIFICATE OF DEATH

Reg. Dist. No. 139

Item 9, Film 191 1-13-56 et

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 7691 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2214 Poplar Grove Street,

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) C. (Last) Hargadon

4. DATE OF DEATH: (Month) January (Day) 4, (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 3, 1894
9. AGE last birthday 62 61 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Nurse
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dominic Hargadon
14. MOTHER'S MAIDEN NAME: Della Coffay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT & ADDRESS: Deceased.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — 31 years.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1934 to Jan. 4, 1956, that I last saw the deceased alive on Jan. 4, 1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cullen, Maryland DATE SIGNED January 6, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-9-56 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1/5/56 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR M. L. Creager & Son — ADDRESS Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

582

CERTIFICATE OF DEATH

00565

Reg. Dist. No. 141

1. PLACE OF DEATH

County: Frederick — Maryland

City or Town (If outside corporate limits, write RURAL and give nearest town): Brunswick

Length of Stay (In this place): 65 years

Hospital or Institution or Street Address: II5 5th.Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED

State: Maryland — County: Frederick

City or Town (If outside corporate limits, write RURAL and give nearest town): Brunswick

Street Address (If rural give location): II5 5th.Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Harper

4. DATE OF DEATH (Month) I (Day) 8 (Year) 1956

5. Sex: Male

6. Color or Race: White

7. Single, Married, Widowed, Divorced, (Specify): Single

8. Date of Birth: 8-I-I874

9. Age last birthday: 8I yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Car Foreman

10b. Kind of Business or Industry: B&.O.R.R.Co

11. Birthplace (State or foreign country): West Virginia

12. Citizen of what country? U.S.A.

13. Father's Name: Lloyd Harper

14. Mother's Maiden Name: Emma B.Forney

15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. Social Security No.:

17. Informant & Address: Mrs.Lillian Cain,Brunswick,Md.

18. MEDICAL CERTIFICATION

I Diseases or conditions directly leading to death — Interval between onset and death

(A) Immediate cause: 420.1 Coronary thrombosis — 3 days

Due to (B): Coronary atherosclerosis

Due to (C): Senility

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last.

II Other significant conditions contributing to the death but not related to the disease or condition causing death:

19a. Date of operation:

19b. Major findings of operation:

20 Autopsy? Yes ☐ No ☐

21a. Accident was underlying ☐ or contributing ☐ cause of death (If either, notify medical examiner)

21b. Place (Home, farm, factory, of injury street, office bldg., etc.)

21c. Where did injury occur? (City or town) (County) (State)

21d. Time of injury (Month) (Day) (Year) (Hour) M.

21e. Injury occurred While at work ☐ Not while at work ☐

21f. How did injury occur?

22. I hereby certify that I attended the deceased from 1-2-1956, to 1-8-1956 that I last saw the deceased alive on 1-8-1956, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

Signature: [signature] M.D. — Address (Street, city, town, state): Brunswick, Md. — Date signed: 1-9-56

23. Burial, Cremation, Removal (Specify): Burial — Date thereof: I-I0-56 — Name of cemetery or crematory: Park Heights — Location (City, town, or county) (State): Brunswick,Maryland

24. Rec'd by registrar — Date: 1-10-56 — Registrar's signature: Eugenia H. Burke

25. Funeral director's signature — Address: C.H.Feete and Bro.Brunswick,Md.

564 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00566

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 30-A East Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WILLIAM (Last) HARPER

4. DATE OF DEATH: (Month) (Day) (Year) January 27, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 3 March 1868
9. AGE last birthday 87 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer Steel Mill
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Harper
14. MOTHER'S MAIDEN NAME: Matilda Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 30-A E. 4th St., Mrs. George Souder, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — 10 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease & Decompensation yrs.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1956, to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE Robert S. Turner, Jr. M. D. ADDRESS Frederick, Maryland DATE SIGNED 30 Jan 1956

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial
DATE THEREOF 30 Jan 1956
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 30 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son
ADDRESS Frederick, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

596

00567

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Knoxville

LENGTH OF STAY (in this place) 31 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Knoxville

STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Sprigg (Last) Hedges

4. DATE OF DEATH (Month) I (Day) 5 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-25-1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Yard Master	B.&.O.R.R.Co	West Virginia	U.S.A.

13. FATHER'S NAME Harry S.Hedges

14. MOTHER'S MAIDEN NAME Mary Eichelberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give wars or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Adele Hedges, Knoxville, Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
SIX IMMEDIATE CAUSE	(A)	Cerebral Thrombosis	[illegible]
ANTECEDENT CAUSE(S)	DUE TO (B)	Arteriosclerosis	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to 1/5, 1956, that I last saw the deceased alive on 1/5, 1956, and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS (Street, city, town, state) Brunswick Md. DATE SIGNED 1/6/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-7-1956	St.Marks	Petersville, Maryland

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 1-10-56	Eugenia H. Cecil	C.H.Feete and Bro.	Brunswick, Md

565 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00568

Item 18 Film G192 2-8-56 gms

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural-R.F.D.#5
STREET ADDRESS (If rural give location) Clifton

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) JACOB (Last) HILDEBRAND
4. DATE OF DEATH: (Month) January (Day) 24, (Year) 1956
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: June 27, 1890
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rack Dept.
10B. KIND OF BUSINESS OR INDUSTRY: Alum. Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Hildebrand
14. MOTHER'S MAIDEN NAME: Matilda Shaffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 214-10-5649
17. INFORMANT & ADDRESS: Mrs. Dorothy S. Hildebrand, Frederick, R.F.D.#5, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

IMMEDIATE CAUSE (A) Cerebral infarction — 0 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral hemorrhage — 1 wk

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral thrombosis — 8 mo.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1956, to Jan. 24, 1956 that I last saw the deceased alive on Jan. 24, 1956 and that death occurred at 10:12 A.M. from the causes and on the date stated above.

SIGNATURE A. A. Deure M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/25/1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Jan. 27, 1956 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00569

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md. Rt. #2
LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) Coleman (Last) Holt

4. DATE OF DEATH: (Month) Jan. (Day) 30, (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 2, 1889
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months 11 Days 28 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B KIND OF BUSINESS OR INDUSTRY: Painter Contractor
11. BIRTHPLACE (State or foreign country): Lewistown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Eugene B. Holt
14. MOTHER'S MAIDEN NAME: Mary C. Fogle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-18-0740
17. INFORMANT & ADDRESS: Mrs. Amanda Holt Thurmont, Md. Rt. #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 24 days.

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1956, to Jan. 30, 1956, that I last saw the deceased alive on Jan. 29, 1956, and that death occurred at 1 a. M, from the causes and on the date stated above.

SIGNATURE James T. Gray. M. D. ADDRESS Thurmont, Md. DATE SIGNED 1-31-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2/1/56
NAME OF CEMETERY OR CREMATORY Utica Cemetery
LOCATION (City, town, or county) (State) Utica, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 31 1956
REGISTRAR'S SIGNATURE Blanche S. Eyler
24. FUNERAL DIRECTOR M. L. Creager and Son ADDRESS Thurmont, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

566 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00570

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Fred. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
(If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Reverdy (Middle) Eli (Last) Kieeny

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1956

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 9-27-1880
9. AGE last birthday 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school teacher, ret.
10B. KIND OF BUSINESS OR INDUSTRY: public school
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles C. Kieeny
14. MOTHER'S MAIDEN NAME: Alice Beard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Ethel L. Kieeny, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — 3 hrs
DUE TO
ANTECEDENT CAUSE (B)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Jan. 17, 1956, that I last saw the deceased alive on Jan. 17, 1956, and that death occurred at 10 pm, from the causes and on the date stated above.

SIGNATURE J. Elmer Hoop M. D. ADDRESS Middletown DATE SIGNED 1-18-56

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-20-1956
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR 1-19-56
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

598 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00571

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-nr. Doubs
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- nr. Doubs
STREET ADDRESS (If rural give location) Route 4

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Leo (Last) Lamm
4. DATE OF DEATH: (Month) Jan. (Day) 1 (Year) 19 56
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 30-1935
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Roger William Lamm
14. MOTHER'S MAIDEN NAME: Ida Rebecca Jenkins
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ida R. Lamm(Mother) Route 4 Frederick-Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 3 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cerebral palsy with mental retardation — 20 23 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec, 1955, to 25 Dec, 1955, that I last saw the deceased alive on 25 Dec, 1955, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE R. L. Guest (Degree or title) MD ADDRESS L. GUEST CHURCH ST. FREDERICK, MD. DATE SIGNED Frederick Md. 3 Jan 56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-4-1956
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Jefferson (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 4 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR C.E. Cline and Son ADDRESS Frederick-Md.
By E.S.H.

VS. A15

1

M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00572

599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Braddock Heights

LENGTH OF STAY (In this place) Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindabona Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

STREET ADDRESS (If rural give location) 114 Kline Blvd.

3. NAME OF DECEASED (Type or Print) (First) NATHANIEL (Middle) LUTHER (Last) LEA

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widower

8. DATE OF BIRTH: November 17, 1881

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager

10b. KIND OF BUSINESS OR INDUSTRY: Coca-Cola Plant

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathaniel Lea

14. MOTHER'S MAIDEN NAME: (First Name Unknown) Blackwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS 114 Kline Blvd., Dr. Melvin E. Lea, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSE(S) DUE TO (B) with left hemiplegia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis — 6 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1956, to Jan. 3, 1956, that I last saw the deceased alive on Jan. 3, 1956, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE Henry L. Class M.D. ADDRESS (Street, city, town, state) 4 L Church St Frederick DATE SIGNED 1/5/56

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY): Burial

DATE THEREOF: Jan. 6, 1956

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

24. REC'D BY REGISTRAR DATE 6 Jan. 1956

REGISTRAR'S SIGNATURE Elizabeth G. Heck

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: M. R. Etchison & Son, Frederick, Maryland

567 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00573 139

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the Aged

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) ELSA (Last) LEASE

4. DATE OF DEATH. (Month) Jan (Day) 11 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: Aug. 9 1869
9. AGE last birthday 86 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Public schools
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Guild
14. MOTHER'S MAIDEN NAME: Albina (Do not know)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs Kefauver - Home for the Aged, Fred, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Arterio-Sclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1955, to 11 Jan., 1956, that I last saw the deceased alive on 9 Jan 1956, and that death occurred at 8:05 A.M, from the causes and on the date stated above.

SIGNATURE Charles H Conley Jr. M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/12/56

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 13, 1956
NAME OF CEMETERY ~~OR CREMATORY~~ Glade
LOCATION (City, town, or county) Walkersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth B. Herk
24. FUNERAL DIRECTOR H. C. Barton, Walkersville, ADDRESS Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 Hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00574

6 0

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): rural- Mt. Airy

LENGTH OF STAY (in this place): 14 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural--Mt. Airy

STREET ADDRESS (If rural give location): near Unionville

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) R. (Last) LOOKINGBILL

4. DATE OF DEATH (Month) JAN. (Day) 22 (Year) 19 56

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-12-1877

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Moore

14. MOTHER'S MAIDEN NAME: Amelia Gosnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Marshall Lookingbill, Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE(S) DUE TO (B) Chronic Nephrosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20-, 1956, to 1-22, 1956, that I last saw the deceased alive on 1-22-, 1956, and that death occurred at 1 o P M, from the causes and on the date stated above.

SIGNATURE: J. H. Legg M.D. — ADDRESS (Street, city, town, state): Union Bridge Md — DATE SIGNED: 1-23-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 1-26-1956

NAME OF CEMETERY OR CREMATORY: Taylorsville

LOCATION (City, town, or county) (State): Carroll Co., Maryland

24. REC'D BY REGISTRAR — DATE: Jan. 25, 1956 — REGISTRAR'S SIGNATURE: Lance E. Tankle

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. M. Waltz, Winfield, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

568

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00575

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick — MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Walkersville-Rural RD#1

STREET ADDRESS (If rural give location) Dublin Road

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) McFARLAND

4. DATE OF DEATH (Month) January (Day) 8, (Year) 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7 Jan 1956

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 21, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Robert McFarland

14. MOTHER'S MAIDEN NAME: Mary Stoner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: R. F. D. #1, William R. McFarland, Walkersville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

753.1 IMMEDIATE CAUSE (A) Cerebral hypoxia — INTERVAL BETWEEN ONSET AND DEATH: 21 hrs

ANTECEDENT CAUSE(S) DUE TO (B) Unknown cause

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 19 56, to 1-8, 19 56, that I last saw the deceased alive on 1-8, 19 56, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE: Robert L. Turner Jr. M.D. — ADDRESS (Street, city, town, state): 7 East Church St, Frederick Md. — DATE SIGNED: 1-8-56

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9 Jan 1956 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

24. REC'D BY REGISTRAR — DATE 9 Jan 1956 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: M. R. Etchison and Son, Frederick, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

569 **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18** 00576

131

CERTIFICATE OF DEATH

Reg. Dist. No. 70

Items 13,11, FilmG192 2-21-56 et

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick

LENGTH OF STAY (In this place) 27days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleburg

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) A. (Last) McKinney

4. DATE OF DEATH (Month) 1 (Day) 22 (Year) 1956

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 2/20/72

9. AGE last birthday 83 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Coleman

14. MOTHER'S MAIDEN NAME Lucretia Eyler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

DUE TO

ANTECEDENT CAUSE(S) (B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — 10 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1955, to 1/22, 1956, that I last saw the deceased alive on 1/22, 1956, and that death occurred at 1:35 A.M, from the causes and on the date stated above.

SIGNATURE Henry V. Chase M.D. ADDRESS (Street, city, town, state) 4 E. Church St Frederick, Md DATE SIGNED 1/22/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 24, 1956

NAME OF CEMETERY OR CREMATORY Methodist

LOCATION (City, town, or county) (State) Middleburg, Md.

24. REC'D BY REGISTRAR DATE Jan. 24/56

REGISTRAR'S SIGNATURE Ethel M. Mehring Reg. Deputy Local

25. FUNERAL DIRECTOR'S SIGNATURE C. O. Fuss & Son

ADDRESS Taneytown, Md.

570

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00577

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Carroll Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 124 Clarke Place

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) LEWIS (Last) MOBLEY

4. DATE OF DEATH (Month) (Day) (Year) January 31, 1956

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widower

8. DATE OF BIRTH: January 16, 1878

9. AGE last birthday 78 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing Contractor

10B KIND OF BUSINESS OR INDUSTRY: Owner

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Clarence Mobley

14. MOTHER'S MAIDEN NAME: Myra H. Likens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 216-14-6395

17. INFORMANT & ADDRESS: 124 Clarke Place, Miss G. Edwina Mobley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary artery sclerosis with acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1953, to 1-31, 1956, that I last saw the deceased alive on 1-30, 1956, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Frederick, Maryland DATE SIGNED 2/1/1956

23. BURIAL, CREMATION, ~~REMOVAL~~ (SPECIFY): Burial | DATE THEREOF: Feb. 2, 1956 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2 February 1956 | REGISTRAR'S SIGNATURE: Elizabeth B. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son, ADDRESS: Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

00578

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

601

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Braddock Heights
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jefferson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Braddock Heights
STREET ADDRESS (If rural give location) Jefferson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) NINA (Middle) NULL (Last) NICODEMUS
4. DATE OF DEATH: (Month) January (Day) 5, (Year) 1956
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: November 19, 1893
9. AGE last birthday 62 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph M. Null
14. MOTHER'S MAIDEN NAME: Maggie Ecker
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Jefferson Blvd., Mr. H. Fulton Nicodemus, Braddock Hwights, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis — 6 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1941, to 1-5..., 1956, that I last saw the deceased alive on ..., 19..., and that death occurred at 12:00 M, from the causes and on the date stated above.

SIGNATURE F. Lawrence Fahney M. D. ADDRESS Frederick, Maryland DATE SIGNED Jan 7, 1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Jan. 8, 1956
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 9 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth G. Hess
24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

00579

571

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Myersville - Rural
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Wally (Middle) C. Armen (Last) Palmer
4. DATE OF DEATH (Month) January (Day) 15 (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH May 28, 1873
9. AGE last birthday 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Palmer
14. MOTHER'S MAIDEN NAME Mary Draper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs J A Palmer, Myersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 X Immediate cause (a) Gun Shot wound in brain — 14 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Self inflicted

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm Barn (CITY OR TOWN) Near Myersville (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) Jan. (Day) 15 (Year) 1956 (Hour) 7:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Gun Shot wound Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒ homicide ☒, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
B. L. Haymaker M.D. Deputy Medical Examiner — Frederick Md — 1/15/56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 18, 1956 | NAME OF CEMETERY OR ~~CREMATORY~~ United Brethren | LOCATION (City, town, or county) Myersville (State) Md.
DATE REC'D BY LOCAL REG. 17 Jan. 1956 | REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Paul J. Britt | ADDRESS Myersville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

00580

672

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Landers
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Mary Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mt Airy
STREET ADDRESS (If rural, give location) RD #1

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) M (Last) Peairs
4. DATE OF DEATH (Month) Jan (Day) 29 (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH June 5 1886
9. AGE last birthday 69 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY College
11. BIRTHPLACE (State or foreign country) Lawrence Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Chalmers Addison
14. MOTHER'S MAIDEN NAME Susan ——?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Dorothea Monk Rt #1 Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage Rt cortex — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Arteriosclerosis — unknown
(c) Generalized Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1955, to Jan 29, 1956, that I last saw the deceased alive on Jan 29, 1956, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm Turner MD Gaithersville Md Jan 29 '56

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 1/31/56
NAME OF CEMETERY OR ~~CREMATORY~~ Elmwood
LOCATION (City, town, or county) (State) Shepherdstown W. Va.

DATE REC'D BY LOCAL REG. 31 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth G. Herk
24. FUNERAL DIRECTOR Howard K Bruhn
ADDRESS Martinsburg W. Va.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

603

CERTIFICATE OF DEATH

Reg. Dist. No. 00581 / 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Mt. Airy

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Penn Shop Rd.

2. USUAL RESIDENCE (HOME) OF DEACESED:

STATE: Maryland — COUNTY: Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural - Mt. Airy

STREET ADDRESS (If rural give location): Penn Shop Rd.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) -- (Last) Pheobus

4. DATE OF DEATH: (Month) January (Day) 13 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb.25,1868

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Hiltz

14. MOTHER'S MAIDEN NAME: Madgeline Locknour

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. John A. Pheobus, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Condition

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Probably Coronary

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1956 to Jan 13, 1956, that I last saw the deceased alive on Jan. 10, 1956, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE: C. M. Van Trahl (Degree or title) MD — ADDRESS: Mt Airy — DATE SIGNED: 1-13-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan.15,1956 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 13,1956 — REGISTRAR'S SIGNATURE: Clarice A. Kinkle

24. FUNERAL DIRECTOR: Olin L. Molesworth — ADDRESS: Damascus, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00582

604

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 519 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery County
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Route #5

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) J. (Last) Presley

4. DATE OF DEATH: (Month) January (Day) 7, (Year) 19 56

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 22, 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman
10B. KIND OF BUSINESS OR INDUSTRY: Night watchman
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Presley
14. MOTHER'S MAIDEN NAME: Jane Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 19 54 to Jan. 7, 19 56, that I last saw the deceased alive on Jan. 7, 19 56, and that death occurred at 8:45 p.m. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cullen, Maryland DATE SIGNED January 9, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-10-56
NAME OF CEMETERY OR CREMATORY Flower Hill
LOCATION (City, town, or county) (State) Redland. Md.

DATE REC'D BY LOCAL REGISTRAR 1/9/56
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Roy W. Barber, ADDRESS Laytonsville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

572 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00583

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 55 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1820 Rosemont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 1820 Rosemont Avenue

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) WILLIAM (Last) PUTMAN
4. DATE OF DEATH: (Month) January (Day) 4, (Year) 19 56
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: July 31, 1871
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even ~~retired~~) Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John J. Putman
14. MOTHER'S MAIDEN NAME: Rebecca Shriner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 1820 Rosempnt Avenue, Mrs. Della S. Putman, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4348
IMMEDIATE CAUSE (A) Acute Auricular Fibrillation — 4 hrs
DUE TO
ANTECEDENT CAUSE (B) Chr. Cardiac Decompensation — 4 years
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19..., that I last saw the deceased alive on Jan 4, 1956, and that death occurred at 11:00 PM, from the causes and on the date stated above.

SIGNATURE J. Lawrence Fahey M.D. ADDRESS Frederick, Maryland DATE SIGNED 1/5/1956

23. BURIAL, ~~CREMATION, REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Jan. 8, 1956 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth G. Herb
24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00584

615

CERTIFICATE OF DEATH

Reg. Dist. No. 146

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville R.1
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Alvenia (Last) Reddick

4. DATE OF DEATH (Month) Jan. (Day) 30 (Year) 1956

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 7, 1879
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Kingsdale, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pius Staley
14. MOTHER'S MAIDEN NAME: Mary C. Starry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Maybell E. Crum, Walkersville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral thrombosis & cerebral softening — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

ANTECEDENT CAUSE(S) (B) Arteriosclerotic CVD — 20 years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, Of INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 19 50, to 30 Jan., 19 56 that I last saw the deceased alive on 21 Jan., 19 56, and that death occurred at 4 00 A.M. from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. ADDRESS (Street, city, town, state): Walkersville Md. DATE SIGNED: 1/30/56

23. BURIAL, CREMATION, REMOVAL, (SPECIFY): Burial
DATE THEREOF: Feb. 1, 1956
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Hanover, Pa.

24. REC'D BY REGISTRAR
DATE Jan. 31, 1956
REGISTRAR'S SIGNATURE: L. C. Powell
25. FUNERAL DIRECTOR'S SIGNATURE: Powell & Hartzler
ADDRESS: Woodsboro Md.

583 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00585

CERTIFICATE OF DEATH

Reg. Dist. No. 141

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Walnut

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 501 Walnut

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Morgan (Last) Rice

4. DATE OF DEATH: (Month) 1- (Day) 29 (Year) 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-12-1885

9. AGE—Last birthday: 70 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: B.&.O.R.R.Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morgan S.Rice

14. MOTHER'S MAIDEN NAME: Margaret Gorsage

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 705-10-4185

17. INFORMANT & ADDRESS: Mrs.May Rice, Brunswick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cholecystitis — Interval Between Onset and Death: 8 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congestive Heart failure — 4 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 52, to 1-29, 1956 that I last saw the deceased alive on 1-29-1956, and that death occurred at 9:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 1-30-56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1-31-56

NAME OF CEMETERY OR CREMATORY Reformed

LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan 30-56

REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR C.H.Feete and Bro. Brunswick, Md

ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

606

00586

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): X Rural, Woodsboro
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY FREDERICK
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): WOODSBORO
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) BRADLEY (Middle) TAYLOR (Last) RIPPEON

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1956

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): widowed
8. DATE OF BIRTH: Oct. 28, 1884
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Lime Plant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BRADLEY TAYLOR RIPPEON, Sr.
14. MOTHER'S MAIDEN NAME: Martha Fritz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-5612
17. INFORMANT & ADDRESS: Dorsey J. Rippeon, Woodsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Chronic lung abscess, secondary to — 3½ years
DUE TO
ANTECEDENT CAUSE (B) Right upper lobe pneumonia, secondary to — 3½ years ago
DUE TO
(C) Fracture right clavicle, comminuted — 3½ years ago

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma esophagus (?) — 6 months

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Jan 28, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 8:30 PM, from the causes and on the date stated above.
SIGNATURE James E. Stoner Jr. M. D.
ADDRESS Walkersville Md
DATE SIGNED 1/30/56

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): Burial
DATE THEREOF: Jan. 31, 1956
NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
LOCATION (City, town, or county) (State): Woodsboro, Fred. Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 31 Jan. 1956
REGISTRAR'S SIGNATURE: Elizabeth G. Herb
24. FUNERAL DIRECTOR: G. C. Barton
ADDRESS: Walkersville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00587

607

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cullen
LENGTH OF STAY (in this place) 1606 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital 04

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
STREET ADDRESS (If rural give location) 7-C Research Road

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) M (Last) Schlesinger
4. DATE OF DEATH: (Month) January (Day) 12, (Year) 1956
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 5, 1894
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (State or foreign country): Middletown, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mathias Livingston
14. MOTHER'S MAIDEN NAME: Ida Cain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Deceased.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — 23 years.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1951 to Jan. 12, 1956 that I last saw the deceased alive on Jan. 12, 1956, and that death occurred at 2:00 a.m. M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Cullen, Maryland DATE SIGNED January 12, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-14-56
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, P.G.Co., Md.

DATE REC'D BY LOCAL REGISTRAR 1/12/56
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR W. W. Chambers Co., ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00588

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 West 13th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 11 West 13th Street

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) CATHERINE (Last) SHEARER

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 19 56

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: March 30, 1872

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Falk

14. MOTHER'S MAIDEN NAME: Catherine Aubel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: (Daughter) Mrs. Ernest W. Reeder - Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval Between Onset And Death [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] — [illegible]

DUE TO

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible] 5, 19 56, that I last saw the deceased alive on [illegible] 5, 1956, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Jan. 8, 1956

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Jan. 1956

REGISTRAR'S SIGNATURE Elizabeth L. Hess

24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland ADDRESS

E. M.

VS. A15

00589

574 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 423 Klineharts Alley

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HENRY (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) January 22, 1956

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday 56 ? yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Smith

14. MOTHER'S MAIDEN NAME: Martha E. Goines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss Edna Smith, 423 Klineharts Alley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

500.1

IMMEDIATE CAUSE (A) Esophageal ulcer with perforation — 1 mo

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senility

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1955, to 1-15, 1956, that I last saw the deceased alive on 1-15, 1956, and that death occurred at 5:50PM, from the causes and on the date stated above.

SIGNATURE Ben R. Martin M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/24/1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Jan. 25, 1956 — NAME OF CEMETERY OR CREMATORY Fairview Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

575

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00592

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 1031 N. Market St.

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) T. (Last) Smith

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1956

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 10-25-1876
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner, ret.
10B. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Smith
14. MOTHER'S MAIDEN NAME: Elizabeth Beachley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Lola Smith, 1031 N. Market St Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 min.

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Momentary

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 1/26, 1956, that I last saw the deceased alive on ..., 19..., and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE James B. Thomas, M. D. ADDRESS Frederick, Md. DATE SIGNED 1/28/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-29-1956
NAME OF CEMETERY OR CREMATORY U. B. Cemetery
LOCATION (City, town, or county) Myersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-28-1956
REGISTRAR'S SIGNATURE Elizabeth G. Herb
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00590

608

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Stine

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1956

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (Specify): widowed
8. DATE OF BIRTH: 9-11-1872
9. AGE last birthday 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer
10B KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Stine
14. MOTHER'S MAIDEN NAME: Lucinda Main

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none.
17. INFORMANT & ADDRESS: Mr. Foster Stine, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 mi

DUE TO

ANTECEDENT CAUSE (B) Coronary & Generalized Arteriosclerosis — 5 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Occ. with Infarct — 4 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955 to Jan 24, 1956, that I last saw the deceased alive on Jan 18, 1956, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE C. Y. Brice M. D. ADDRESS Jefferson Md DATE SIGNED 1/30/56

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF 2-1-1956
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Jefferson (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-31-56
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Gladhill & Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

576

00591

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

LENGTH OF STAY (in this place) Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 West South Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick

STREET ADDRESS (If rural give location) 308 West South Street

3. NAME OF DECEASED (Type or Print) (First) MARSHALL (Middle) HENRY (Last) STOCKMAN Sr.

4. DATE OF DEATH (Month) January (Day) 10, (Year) 19 56

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: February 5, 1890

9. AGE last birthday: 65 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. Emory Stockman

14. MOTHER'S MAIDEN NAME: Annie Wisner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 308 West South Street, Mrs. May S. Stockman, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1 IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSE(S) DUE TO (B) Aortic Stenosis — 2 yrs +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Jan. 10, 1956, that I last saw the deceased alive on July 9, 1956, and that death occurred at 4:30A M, from the causes and on the date stated above.

SIGNATURE B. Thomas M.D. ADDRESS (Street, city, town, state) Frederick, Maryland DATE SIGNED 1/10/1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY): Burial

DATE THEREOF: Jan. 13, 1956

NAME OF CEMETERY OR ~~CREMATORY~~: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

24. REC'D BY REGISTRAR DATE 11 Jan. 1956

REGISTRAR'S SIGNATURE Elizabeth G. Herb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland

JA'

577 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00593

Item 9, FilmG192 2-1-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROXIE (Middle) IRENE (Last) STUP

4. DATE OF DEATH: (Month) January (Day) 24, (Year) 1956

5. SEX. Female

6. COLOR OR RACE: White

7. ~~SINGLE~~ MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: May 21, 1893

9. AGE last birthday ~~63~~ 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene A. Wachter

14. MOTHER'S MAIDEN NAME: Addie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Charles D. Stup, Walkersville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7571 IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Polycystic kidneys — Life

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1956, to 1/24, 1956, that I last saw the deceased alive on 1/24, 1956, and that death occurred at 9:55 AM, from the causes and on the date stated above.

SIGNATURE James B. Thomas, M. D. ADDRESS Frederick, Maryland DATE SIGNED 1/26/1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial — DATE THEREOF Jan. 27, 1956 — NAME OF CEMETERY OR CREMATORY Frederick Memorial Park — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 26 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1219

00594

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: FREDERICK
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FREDERICK MEM. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Winfield - Rural
STREET ADDRESS (If rural, give location): Sykesville, Md. R-1

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Clyde (Last) Taylor
4. DATE OF DEATH (Month) January (Day) 17 (Year) 1956
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: Sept. 10. 1926
9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder Automobile
10b. KIND OF BUSINESS OR INDUSTRY: Wrecking Co.
11. BIRTHPLACE (State or foreign country): Malvern Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Taylor
14. MOTHER'S MAIDEN NAME: no Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 431-30-9402
17. INFORMANT AND ADDRESS: Mrs. Geraldine Taylor Sykesville Md. R-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Third degree burns over

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Body ~~Entry~~ Extremities — 30 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Place of work — (CITY OR TOWN) Woodbine — (COUNTY) Howard Co. — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): January 16, 1956 8 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Using Welding torch - outside gas tank Explosion

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: B. Thomas Reed (Degree or title) Liberty Medical Examiner — ADDRESS: Frederick, Md — DATE SIGNED: Jan. 18-56

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Jany. 21. 1956 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery — LOCATION (City, town, or county) (State): Boonsboro Washington Co. Md
DATE REC'D BY LOCAL REG.: Jany. 19. 1956 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: C. W. Tait & Sons — ADDRESS: Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

578

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00595

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY FREDERICK MARYLAND

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) FREDERICK

LENGTH OF STAY (In this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY FREDERICK

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) FREDERICK

STREET ADDRESS (If rural give location) 36 E. SECOND ST.

3. NAME OF DECEASED (Type or Print) (First) DWIGHT (Middle) (Last) URNER

4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 19 56

5. SEX M

6. COLOR OR RACE W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) S

8. DATE OF BIRTH 12-23-55

9. AGE last birthday 18 days

IF UNDER 1 YEAR: Months | Days 18

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOSEPH FLOYD URNER

14. MOTHER'S MAIDEN NAME PATRICIA MAC AFEE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mother - birth certificate

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Mob. 2 IMMEDIATE CAUSE (A) MECONIUM PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE(S) DUE TO (B) INTESTINAL ATRESIA — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 19 55, to 1-10, 19 56, that I last saw the deceased alive on 1-10, 19 56, and that death occurred at 5:10 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS (Street, city, town, state) 220 N. Market St. DATE SIGNED 1-10-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/11/56 — NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Olivet — LOCATION (City, town, or county) Frederick (State) Md

24. REC'D BY REGISTRAR DATE 11 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth B. Arch

25. FUNERAL DIRECTOR'S SIGNATURE H. E. Cauffman Co. — ADDRESS Frederick Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

584

CERTIFICATE OF DEATH

00596

Reg. Dist. No. 141

1. PLACE OF DEATH

COUNTY Frederick MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

LENGTH OF STAY (In this place) 4 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 Brunswick Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick

STREET ADDRESS (If rural give location) 519 Brunswick St.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) NEWTON (Last) WATERS

4. DATE OF DEATH (Month) January (Day) 11, (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Nov. 14, 1860	95 yrs.	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Ret.)	Gen. Farming	Shepherdstown, West Va.	USA

13. FATHER'S NAME John Waters

14. MOTHER'S MAIDEN NAME Katherine Overton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mrs. John Moore 519 Brunswick St., Brunswick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4½ days

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1955, to 1/11, 1956, that I last saw the deceased alive on 1/6, 1956, and that death occurred at 6:45AM, from the causes and on the date stated above.

SIGNATURE W. J. Carpenter M.D. ADDRESS (Street, city, town, state) Lovettsville—Va. DATE SIGNED 1/11/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/56	Samples Manor Cemetery	Samples Manor, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 1-12-56	Eugenia H. Burk	R. Donald Eckles	Harpers Ferry, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

609

CERTIFICATE OF DEATH

00597

Reg. Dist. No. 139

1. PLACE OF DEATH: Cullen
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cullen
LENGTH OF STAY (in this place) 407 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5103-43rd. Ave., Apt. 205

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Josephine (Last) Watson

4. DATE OF DEATH (Month) Jan. (Day) 20 (Year) 1956

5. SEX: F

6. COLOR OR RACE: White

7. ~~MARITAL STATUS~~ (Specify): Widow

8. DATE OF BIRTH: 9/19/1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Maguire

14. MOTHER'S MAIDEN NAME: Elizabeth Daly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Agnes J. Watson, 5103-43rd. Ave., Hyattsville, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 19 months

DUE TO

ANTECEDENT CAUSE (B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9/54, 19.., to 1/20/, 1956, that I last saw the deceased alive on 1/20/..., 1956, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Cullen, Maryland DATE SIGNED 1/21/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-23-56 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 1/21/56 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR F. Gasch's Sons, Hyattsville, Md. ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH

00598

573

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (In this place) Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute To Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 116 West Church Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) DAVID (Last) WHITE
4. DATE OF DEATH (Month) January (Day) 6, (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH Sept.10,1883
9. AGE last birthday 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman
10b. KIND OF BUSINESS OR INDUSTRY Poultry Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James White
14. MOTHER'S MAIDEN NAME Ellen Crum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 214-10-1293
17. INFORMANT AND ADDRESS Mrs.Ellen L. White, 116 West Church St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Enroute Hosp. (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B. Thomas MD (Degree or title) ADDRESS Dep. Med. Exam. , Frederick, Maryland DATE SIGNED 1/7/1956

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial — DATE THEREOF Jan.9,1956 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 9 Jan. 1956 — REGISTRAR'S SIGNATURE Elizabeth L. Heck.
24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

610 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#4
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural*R.D.#4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EUGENE (Last) WILES

4. DATE OF DEATH: (Month) January (Day) 23, (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: September 20, 1878
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired): Retired Farmer and Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick E. Wiles
14. MOTHER'S MAIDEN NAME: Susan F. Corun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 579-07-8988
17. INFORMANT & ADDRESS: Leslie E. Wiles, Frederick, R.F.D.#4, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — 6 yrs

DUE TO

ANTECEDENT CAUSE (B) Advanced generalized arteriosclerosis — 6 yrs

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocarditis — 8 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23, 1956 to 1/23, 1956, that I last saw the deceased alive on 1/22, 1956 and ~~that~~ death occurred at 5:20A M, from the causes and on the date stated above.

SIGNATURE C. Talbot Price M. D. ADDRESS Jefferson, Maryland DATE SIGNED 1/24/1956

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY) Burial
DATE THEREOF Jan. 25, 1956
NAME OF CEMETERY OR CREMATORY St. Luke's Cemetery
LOCATION (City, town, or county) (State) Feagaville, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Jan. 1956
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son
ADDRESS Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53